

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	1			1		
5	1			1		
6	1			1		
7	1			1		
8	2			1		
9	2			1		
10	1			1		
11	1			1		
12	1			1		
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TOTAL IND.	5		6			
TOTAL DEP.	12	↓	9	↓		↓
TOTAL CLAIMS	17		15			

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TOTAL IND.				
TOTAL DEP.		↓		↓
TOTAL CLAIMS				↓

BEST AVAILABLE COPY